EDITORIAL

"WHATEVER WE DO ... MUST BE TRANSPARENT AS LIGHT"

Kathleen Haley, J.D.

The poet was Thoreau: "Our most indifferent acts may be a matter for secrecy, but whatever we do with the utmost truthfulness and integrity, by virtue of its pureness, must be transparent as light." In the world of medicine and medical regulation there is little allowance for "indifferent acts." Rather licensing, education, investigation and discipline must be performed with the utmost truthfulness and integrity. Thus, they must be performed transparently.

Webster defines transparency as being capable of being seen through. While the privilege of self-regulation means medical professionals overseeing one another, increasingly, medical regulation is viewed as a partnership between the professions and the public.

In Oregon and most other states, the quest for truthfulness and integrity in government has manifested itself in public meetings and public records laws. For most of us they provide a baseline in terms of making our wealth of data available to the public. The past several years have seen an increase in the numbers of physician profiles maintained by medical boards. These profiles act as resources for the public in making critical decisions about health care, and may include geographic, licensure, malpractice and disciplinary data about physicians in those states.

Medical boards are continually seeking ways to enhance transparency beyond our statutory mandates, without sacrificing the confidentiality of investigations or patient health information. In Oregon, we have responded to the Internet boom and to innovations in digital information in an ongoing effort to fully serve our citizens. The latest such innovation involves scanning public orders and placing them on the Oregon Board of Medical Examiners (BME) website (www.oregon.gov/BME). By making the full texts of orders available to the people of Oregon in this fashion, we have provided them with more, and more readily accessible, information vital to their health and safety. That is government transparency at its best. And citizens continue to respond to this initiative by accessing the BME website an average of 232,000 times per month.

In an effort to make our licensure process easier to "be seen through," we instituted an online status report for applicants. With an easy-to-use password, applicants and persons they have authorized to access the reports may see which documents the BME has received, and which are still needed to complete application files. Online status reports also have benefited board staff, by reducing telephone inquiries regarding license application status. Thus far, staff have noted a 28 percent decrease in such inquiries, and a 19 percent reduction in the duration of these phone calls.

THE 'FLIP SIDE' OF TRANSPARENCY

There is a flip side to transparency of information in our domain. If we do not keep investigatory material out of the public domain prior to adjudication, our access to information that could generate further essential action may be compromised. Our richest source of material comes from members of the health care community and, most often, those persons want assurance of confidentiality before stepping forward with complaints.

For example, I recently received a call from a physician who worried that his father – also a physician – had early symptoms of dementia that might be compromising his ability to safely practice. The caller clearly did not want his father to know he had called the medical board. Thanks to his report, and the confidentiality with which we treated it, we were able to persuade the elderly physician to retire and close his solo practice before a patient problem occurred.

Likewise, the public and, by extension, medical boards, expect the practice of medicine to be conducted with the

utmost truthfulness and integrity. Increasingly, physicians are being held publicly accountable for their private conduct as it affects their medical practice. In particular, life with the Internet is such that the privacy of one's home or hospital computer is not sacrosanct when one logs on. Some health care professionals have engaged in online conduct of an egregious nature, by visiting with patients in sexually-oriented chat rooms, by accessing and downloading child pornography or videotaping patients. This behavior is traceable, and has lead to criminal prosecutions as well as medical board investigations and discipline.

As medical regulators, we regularly face the demand to provide more information in an understandable format, more expeditiously, to the public – including the news media. This demand can seem overwhelming and, at times, invasive. The feeling, no doubt, is the same for the physicians and other medical professionals we regulate. Yet it is incumbent upon us to open the drapes wider as we conduct the public's business with truthfulness and integrity.

AFFILIATIONS

Kathleen Haley, J.D., has served as executive director of the Oregon Board of Medical Examiners since 1994. She has served as a member of the Federation of State Medical Board's board of directors and as Western Region representative for the Administrators in Medicine board of directors. Haley has been active in helping Oregon's health care-related agencies and institutions prepare for implementation of state legislation dealing with physician reporting, pain management and patient safety.